

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

OK PR 11/14/06
the
B. Carson

PRINTED: 11/03/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/26/2006
NAME OF PROVIDER OR SUPPLIER HEARTHSTONE OF NORTHERN NEVADA			STREET ADDRESS, CITY, STATE, ZIP CODE 1950 BARING BLVD SPARKS, NV 89434		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as the result of a complaint investigation conducted at your facility on 10/26/06. Complaint # NV00013297 alleged that the facility failed to provide podiatry services for a resident. The complaint was substantiated. (See F 309)	F 000	F00 This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Hearthstone agrees with the allegations and citations listed on the statement of deficiencies. Hearthstone maintains that the alleged deficiencies do not individually or collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Hearthstone's credible allegation of compliance.		
F 309 SS=D	483.25 QUALITY OF CARE Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to provide podiatry services for 1 resident. (Resident #1) Findings include: Resident #1: The 105 year old resident was admitted to the facility on 4/13/02 with diagnoses including debility, anemia, edema, hypertension,	F 309	By submitting this plan of correction, Hearthstone does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Hearthstone reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.		

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CARSON CITY, NEVADA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Molly Larson

TITLE

Administrator

(X6) DATE

11/17/06

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 309	<p>Continued From page 1</p> <p>abnormality of gait, renal and ureteral disfunction, and hypothyroidism. The resident experienced a significant decline over the four year period in the facility and was diagnosed with diabetes mellitus in April of 2004.</p> <p>An interview with the director of nursing (DON) revealed that all residents with diabetes were placed on a podiatry list to receive nail care on a routine basis, approximately every three months. The resident was not on that list. The DON also indicated that residents were checked by the nursing assistants during bathing for nail care needs. If such care was needed the charge nurse was notified.</p> <p>A review of the weekly skin assessments over the last two years did not reveal any nail care issues. The record did indicate that, on 4/1/06, the resident suffered a fall which resulted in a torn toenail. Physician orders for that date were to clean wound with wound cleanser, cover with a dry dressing each day, monitor each shift, and obtain a podiatry consult as soon as possible. The weekly skin assessment documentation for April of 2006 noted that the right second toenail was loose from 4/3/06 to 4/10/06. A temporary care plan sheet of 4/1/06 noted the right foot second toenail wound. Approaches were treatment as ordered, monitor for signs and symptoms of infection, and a podiatry consult as soon as possible. The sheet was marked resolved with no date.</p> <p>The DON indicated that there was a monthly log of residents seen by the podiatrist. After asking to see the log the DON reported that the clerk was not saving the log sheets and was destroying them. The DON called the podiatrist and reported</p>	F 309	<p>F309</p> <p>Resident # 1 has expired.</p> <p>How we will identify other residents having the potential to be affected:</p> <p>A check of all residents' toenails and residents with diabetes mellitus will be completed. A master list will be maintained and updated by the unit clerks as necessary.</p> <p>A revised foot care program has been initiated. Nursing Assistants will do daily skin checks: notify the charge nurse for any redness, bruise and daily skin checks: notify the charge nurse for any redness, bruise and and anything out of the ordinary. Charge nurses will assess and inform the wound care nurse of skin integrity issue in person, if not available will communicate through the foot care log. Nurses must sign their names after each entry. Nurses will do weekly skin checks on shower days. Wound Care nurse will consult PA/MD whether podiatry consult is warranted.</p>		11-30-06

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F 309	Continued From page 2 that the last time the podiatrist had seen the resident was 10/1/04. The podiatrist's consult reports for 4/22/04, 9/15/04, and 10/1/04 were located in the record. The reports indicated that the resident's nails were elongated, mycotic, brittle, and yellow. The podiatrist had not seen the resident in April of 2006.	F 309	Unit clerks will ensure that podiatrist is notified or have appointment scheduled and completed. Random audits will be done by unit clerks and submitted to DON/designee for monitoring Tracking and trending to be presented to the Quality Assurance Committee.	11/30/06	

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